

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED		1. DATE OF INCIDENT 25-DEC-2014		TIME 19:02:00		2. ADDRESS OF OCCURRENCE 452 E MARQUETTE RD CHICAGO, IL 60637				3. LOCATION CODE 303		4. BEAT/OCCUR 0312			
		5. POSITION 9161		6. LAST NAME KASPER		7. FIRST NAME CASEY J		8. STAR NO. 16787		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 60	
SUBJECT INFORMATION		14. DATE OF APPT. 19-FEB-2013		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 003 0371		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
		20. LAST NAME GILBERT		21. FIRST NAME TERRANCE		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. [REDACTED]		26. HT. 508	
REASON FOR USE OF FORCE (Check all that apply)		28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? DR. [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA		37. CS NO. <input type="checkbox"/> DNA		38. IR NO. <input type="checkbox"/> DNA			
WEAPON DISCHARGE INCIDENT		39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION OFFENDER ARMED WITH A KNIFE, ATTACKED OFFICER WHILE SEATED IN SQUADROL FRONT PASSENGER SEAT, AMBUSHING OFFICER. OFFENDER STABBED OFFICER IN HIS UPPER CHEST AREA, STRIKING THE OFFICER'S BALLISTIC BODY ARMOR.											
		41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR							
CASE INFO.		45. MAKE/MANUFACTURER SMITH & WESSON -JIS-(BODYGUARD,CHIEF SPECIAL)		46. MODEL M&P		47. BARREL LENGTH 4.5		48. CALIBER/GAUGE 9 MM							
		49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) HAR5225		51. CHICAGO GUN REG. NO. R031115S		52. IL FIREARM OWNER ID. NO. [REDACTED]		53. HANDGUN CERTIFICATE NO. [REDACTED]					
SIGNATURES		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 2					
		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
70. EVENT NO. 1435909283		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DEFENSIVE TACTICS		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
71. RD. NO. HX554861		72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		73. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
		74. REPORTING MEMBER (Print Name) KASPER, CASEY J		STAR/EMPLOYEE NO. 16787		SIGNATURE [REDACTED]									
74. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		75. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340		SIGNATURE [REDACTED]		DATE REVIEWED 26-DEC-2014 02:40:59		TIME 26-DEC-2014 02:40:59					
		76. REVIEWING SUPERVISOR (Print Name) ELIZONDO, XAVIER P		STAR NO. 1340		SIGNATURE [REDACTED]		DATE REVIEWED 26-DEC-2014 02:40:59		TIME 26-DEC-2014 02:40:59					

CPD-11.377 (REV. 10/07)

LOG# **1073105**Attachment **7**

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Deceased

78. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based upon the information available at the time of this report, it is the preliminary determination of the undersigned that Ofc. KASPER, Casey #16787 acted in compliance with Department policy. Ofc. Kasper fired his weapon in fear of his life after Offender GILBERT, Terrence IR# 1680682 attacked him, stabbing him numerous times in the chest area of his ballistic vest.

Log#1073105

U#: 14-43

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1073105 OBTAINED

79. LIEUTENANT OR ABOVE/OCIC (Print Name)

RUIZ, BERSCOTT F

SIGNATURE

[Redacted Signature]

DATE COMPLETED TIME

26-DEC-2014 02:44:26

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

LOG# 1073105

Attachment 7